| BEST AVAILABLE CO Application or Docket Number  |  |   |                     |                              |                      |                  |            |                     |                        |         |                     |                        |
|---|--|---|---------------------|------------------------------|----------------------|------------------|------------|---------------------|------------------------|---------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective January 1, 2003  |  |   |                     |                              |                      |                  |            | 10625,200           |                        |         |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                     |                              |                      |                  |            | SMALL EI            | YTITY                  | OR      | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |   | 4                   |                              | -9-2-10-3-00 (AV     |                  | 1          | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED        |                              | NUMBER EXTRA         |                  |            | BASIC FEE           | 375.00                 | OR      | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 minus 20=         |                              | • 0                  |                  |            | X\$ 9=              |                        | OR      | X\$18=              | Ö                      |
| INDEPENDENT CLAIMS  |  |   | minus 3 =           |                              | · .ō                 |                  |            | X42=                |                        | OR      | X84=                | 0                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT              |                              |                      |                  |            | +140=               |                        | OR      | +280=               | 0                      |
| * If the difference in column 1 is less than zero, enter "0" in   |  |   |                     |                              |                      | olumn 2          |            | TOTAL               |                        | OR      | TOTAL               | 750                    |
| CLAIMS AS AMENDED - PART II 7/23/03 (Column 1) (Column 2) (Column 3)  |  |   |                     |                              |                      |                  |            | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL I    |                        |
| 4   | U3/U3  | (Column 1)<br>CLAIMS                      | Secretary Secretary | HIGH                         | EST                  | (Column 3)       | l          |                     | ADDI-                  | )<br>   |                     | ADDI-                  |
| NT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUM<br>PREVIO<br>PAID        | OUSLY                | PRESENT<br>EXTRA |            | RATE                | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |
| <b>AMENDMENT</b>  | Total  | . 4                                       | Minus               | ·· 2                         | 0                    | =                |            | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    | • /                                       | Minus               |                              | 3                    |                  |            | X42=                |                        | OR      | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | JETIPLE DEF         | ENDEN                        | CLAIM                |                  | ۱ ا        | +140=               |                        | OR      | +280=               | ·                      |
|   |  |   |                     |                              |                      |                  | 1          | TOTAL               |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                     |                              |                      |                  |            | ADDIT. FEE          |                        |         | AUUII. PEEI         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVH<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus               | 40                           |                      | =                |            | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    |   | Minus               | ***                          | C AILA               | -                | ┨┃         | X42=                |                        | OR      | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF MI                             | JLI IPLE DEF        | ENDEN                        | CCAIM                |                  | <u>ا</u> ا | +140=               |                        | OR      | +280=               |                        |
|   |  |   |                     |                              |                      |                  | •          | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                     |                              |                      |                  |            |                     |                        |         |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVH<br>PAID | BER                  | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus               | 99                           |                      |                  |            | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    | •   | Minus               | ***                          |                      | -                | 11         | X42=                |                        | OR      | X84=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |                              |                      |                  |            | +140=               |                        | OR      | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |   |                     |                              |                      |                  |            |                     |                        |         |                     |                        |
| l   | The Highest Num                                | nber Previously Pa                        | id For (Total o     | r Independ                   | lent) is the         | e highest numb   | er fou     | and in the ap       | propriate bo           | x in co | itumn f.            |                        |